



# ESSENCE Registration Guide

Programs and Policy Support – Preventive Medicine Directorate  
August 2015



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

[WWW.NMCPHC.MED.NAVY.MIL](http://WWW.NMCPHC.MED.NAVY.MIL)

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# ESSENCE Registration Process

- Obtaining an ESSENCE account is a process requiring you to:
  - Submit a current IA certificate
  - Register your CAC
  - Register for ESSENCE
- An approval process then is initiated at different levels through an automated system
- Allow approximately 2 weeks for your request to be processed
- Refer to the Helpful Hints section below to expedite your approval process and ensure you receive your account access



# **Step 1. Send IA Certificate to DHSS Access Office**



# Step 1: Send IA Certificate to DHSS Access Office

- All users must have a current Information Assurance certificate (within the past year, must be renewed annually)
  - Information Assurance annual training and completed certificates are on Navy eLearning.
- Navy eLearning is accessed via Navy Knowledge Online:  
<https://www.nko.navy.mil>





# Step 1: Send IA Certificate to DHSS Access Office

- To retrieve past certificates, go to your Training History:

Welcome, UNCLASSIFIED FOUO 11.1.1-6.0 | Logout

**NETC** Learning Management System

My Learning Course Catalog WS\_ My Training History

My Profile Show/Hide Gadgets

**My Training**

Shown below are all learning/training activities in which you are currently enrolled, waitlisted, or awaiting approval of enrollment request. Click on the button to launch the Course. You may also click the Title for Course Information. Please maximize this gadget for more options related to learning/training activities.

[Open My Training History](#)

Show Individual Courses Show Curricula

Enrolled Waitlisted Requested All

There is no data to be displayed.

**Links**

**Job Performance Aids**

- ETMDS Learner Tutorial - Updated January 17, 2014
- ETMDS Instructor Tutorial - Updated January 17, 2014
- ETMDS Pentaho Tutorial - Updated January 17, 2014
- ETMDS Training Coordinator Tutorial - Updated January 17, 2014
- ETMDS Training Manager Tutorial - Updated September 17, 2013
- ETMDS Administrator Tutorial - Updated September 17, 2013

**Content Sponsor Information**

- NeL Monthly Content Sponsor Newsletter (June 2014)
- NeL Content Hosting Introduction - Updated July 29th, 2014



# Step 1: Send IA Certificate to DHSS Access Office

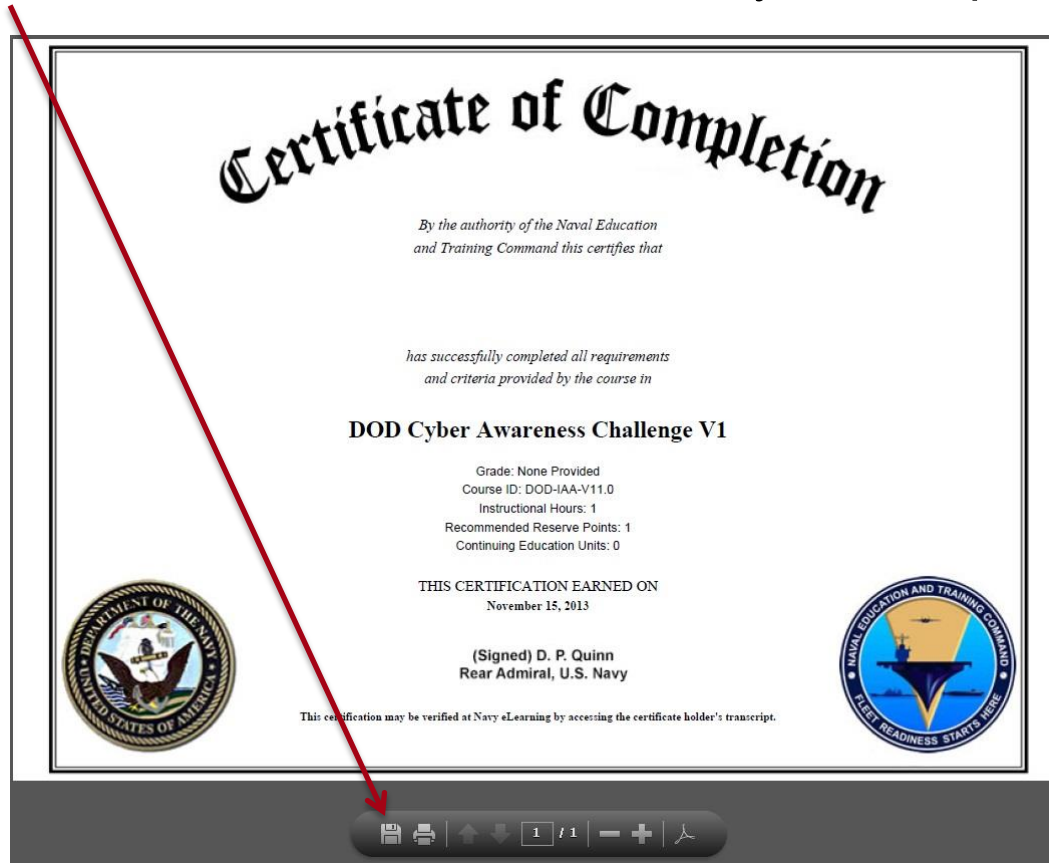
- In Training History, locate the IA course:
  - Course Code: DOD-IAA-V11.0 (version numbers subject to change)
  - Title: DOD Cyber Awareness Challenge
- Click the ribbon to open the certificate:

<a href="#">DOD DOD-CTIP-1.0</a>	<a href="#">Combating Trafficking in Persons (CTIP) General Awareness WBT</a>		Web Enabled	12/12/2013		
<a href="#">USFFC JKDDC-Level-A-COCT-100.1-v2</a>	<a href="#">SERE 100.1v2 - Level A Code of Conduct Training</a>		Web Enabled	11/22/2013		
CENSECFOR CENSECFOR-AT- OCONUS-LT-1.0	<a href="#">Antiterrorism Level I Awareness Training for Service Members/Gov't Civilians (OCONUS) (LOW THREAT)</a>		Web Enabled	11/21/2013		
<a href="#">USFFC DOD-IAA-V11.0</a>	<a href="#">DOD Cyber Awareness Challenge V1</a>		Web Enabled	11/15/2013		



# Step 1: Send IA Certificate to DHSS Access Office

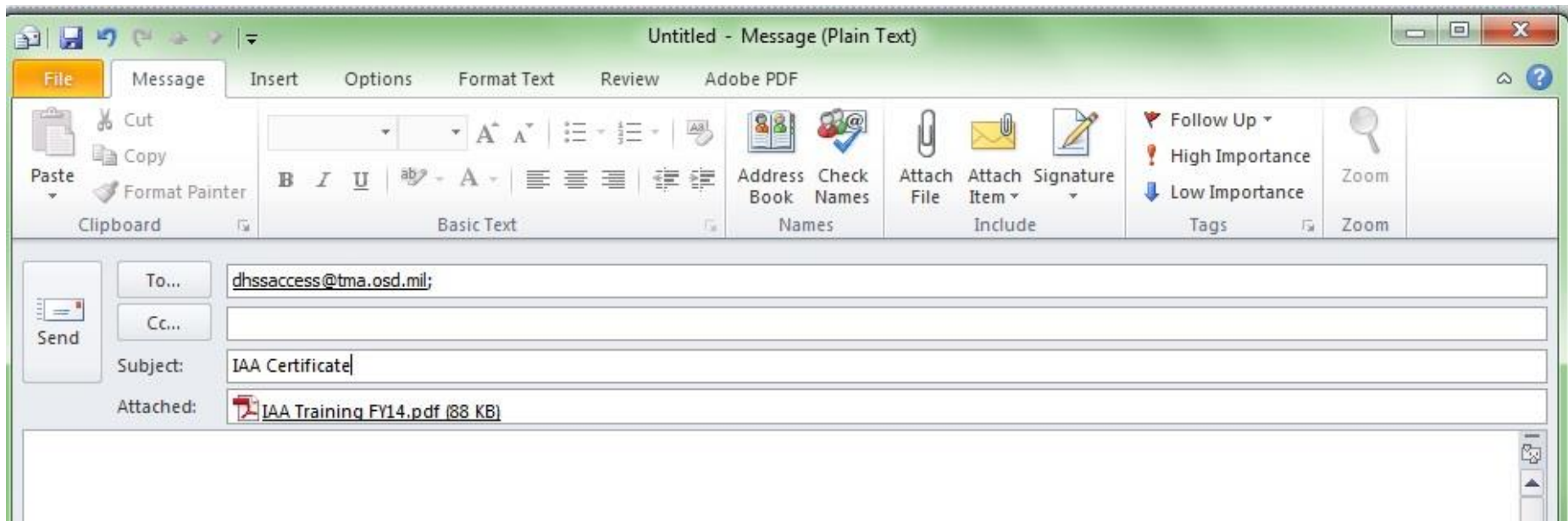
- Click the disc icon to save the certificate to your computer.





# Step 1: Send IA Certificate to DHSS Access Office

- Send an email to [dhssaccess@tma.osd.mil](mailto:dhssaccess@tma.osd.mil) with the IA certificate attached.



# Step 2: Register CAC with iAS



## Step 2: Register CAC with iAS

- iAS CAC registration:

[https://sso.csd.disa.mil/amserver/UI/Login?org=cac\\_pki&authlevel=3&crs=true&goto=https://sso.csd.disa.mil/idm/mhs/CACRegistration.do](https://sso.csd.disa.mil/amserver/UI/Login?org=cac_pki&authlevel=3&crs=true&goto=https://sso.csd.disa.mil/idm/mhs/CACRegistration.do)

- Log in must be done with CAC.



# Step 2: Register CAC with

- The form at right will appear. Some fields may already be pre-filled for you (name, e-mail address)

### Identification

\*First Name  MI  \*Last Name

\*Service  \*Rank  Grade

By completing this Registration you agree to the terms and conditions of the Privacy Act of 1974 (5 U.S.C. 552a, as amended). This information may be viewed [HERE](#)

### Privacy Act Warning

For detailed information on the Privacy Act, click the link to the left.

### Contact Information

\* Primary Email Address

\* Confirm Primary Email Address

Alternate Email Address

Confirm Alternate Email Address

\* Commerical Phone Number

DSN

### Sponsor Organization

Sponsor Organization\*

### Duty Station

Please Enter Your Estimated Change of Duty Station Date

Month:  Year:

\*Duty Station/Company  \*Title/Position  DMIS ID

Region

\*Location Name  \*Department/Section  Office/Room Number

### Office Address

\*Street Address

\*City  \*State  \*Zip Code/Postal Code

\*Country

\*Required Fields

### Identification

The Identification section is pre-populated based on a user's information from Defense Manpower Data Center (DMDC). If data is incorrect please contact DMDC to update.

### Privacy Act Warning

For detailed information on the Privacy Act, click the link to the left.

### Contact Information

Enter a valid email address where account notifications can be sent as necessary. Enter a valid Commercial and DSN Phone Number where the account holder can be contacted.

### Sponsor Organization

Select a Sponsor Organization from the drop down list that is applicable to you. The Sponsor Organization will be responsible in getting you access to the MHS application.

### Duty Station

Please provide the estimated change of Duty Station Date (month and year) using the drop down option. Please provide your Duty Station or Company, along with your Title or Position along with the DMIS ID. The Region should be selected by choosing an option from the drop down list. The Location Name, department or section and office or Room Number for the Duty Station are mandatory.

### Office Address

Enter a Street Address and City of your office address. Please select a State, if office address is in United States, from the drop down list or otherwise select 'Non US' value for State. Type in a Zip or Postal Code for your office location. Select a country from the drop down list for your office address.



## Step 2: Register CAC with iAS

- Service/Rank fields
  - Military applicants:
    - Service: Branch of service (Navy, Marine Corps)
    - Rank: Current rank
  - Civilian applicants:
    - Service: Not applicable
    - Rank: GS
  - Contractor applicants:
    - Service: Not applicable
    - Rank: US Govt/DoD Contractor



The screenshot shows a web form titled "Identification". It contains the following fields:

- \*First Name**: A text input field.
- MI**: A text input field.
- \*Last Name**: A text input field.
- \*Service**: A dropdown menu with "Not applicable" selected.
- \*Rank**: A dropdown menu with "GS" selected.
- Grade**: A dropdown menu.





## Step 2: Register CAC with iAS

- Contact Information
  - Ensure that the primary email address is correct
  - Enter your commercial phone number (work number)
    - DSN is optional

Contact Information	
* Primary Email Address	firstname.lastname@med.navy.mil
* Confirm Primary Email Address	firstname.lastname@med.navy.mil
Alternate Email Address	
Confirm Alternate Email Address	
* Commerical Phone Number	555-555-5555
DSN	



## Step 2: Register CAC with iAS

- Sponsor Organization:
  - NMCPHC applicants: NAVY MED EAST
  - NEPMU applicants: NAVY MED EAST or WEST
  - MTF applicants: MTF name
- Duty Station/Company:
  - Currently assigned duty station
- Title/Position:
  - Current position

Example: Form for an NMCPHC staff member

The screenshot shows a web form titled "Sponsor Organization" with the following fields:

- Sponsor Organization\***: A dropdown menu with "NAVY MED EAST" selected.
- Duty Station**: A section titled "Please Enter Your Estimated Change of Duty Station Date" with "Month:" and "Year:" dropdowns.
- \*Duty Station/Company**: A text field with "rps Public Health Center" entered.
- \*Title/Position**: A text field with "Epidemiologist" entered.
- DMIS ID**: An empty text field.
- Region**: A dropdown menu with "Select Region" selected.
- \*Location Name**: A text field with "NMC Portsmouth" entered.
- \*Department/Section**: A text field with "Preventive Medicine" entered.
- Office/Room Number**: An empty text field.
- Office Address**: A section titled "\*Street Address" with a text field containing "620 John Paul Jones Circle, Suite 1100".
- \*City**: A text field with "Portsmouth" entered.
- \*State**: A dropdown menu with "VIRGINIA" selected.
- \*Zip Code/Postal Code**: A text field with "23708" entered.
- \*Country**: A dropdown menu with "United States" selected.

\*Required Fields



## Step 2: Register CAC with iAS

- Location Name:
  - Where is the duty station located?
    - NMCPHC applicants: NMC Portsmouth
    - NEPMU applicants: base name
    - MTF applicants: MTF name
- Department/Section:
  - Current department

Example: Form for an NMCPHC staff member

The screenshot shows a web form titled "Sponsor Organization" with a dropdown menu set to "NAVY MED EAST". Below this is the "Duty Station" section, which includes a date picker for "Please Enter Your Estimated Change of Duty Station Date" (Month: Month, Year: Year). It also has three input fields: "\*Duty Station/Company" (filled with "rps Public Health Center"), "\*Title/Position" (filled with "Epidemiologist"), and "DMIS ID" (empty). A "Region" dropdown is set to "Select Region". The "Office Address" section includes three input fields: "\*Location Name" (filled with "NMC Portsmouth"), "\*Department/Section" (filled with "Preventive Medicine"), and "Office/Room Number" (empty). Below this is the "Office Address" section with four input fields: "\*Street Address" (filled with "620 John Paul Jones Circle, Suite 1100"), "\*City" (filled with "Portsmouth"), "\*State" (dropdown set to "VIRGINIA"), and "\*Zip Code/Postal Code" (filled with "23708"). A "\*Country" dropdown is set to "United States".

\*Required Fields



## Step 2: Register CAC with iAS

- Street Address, City, State, Zip, Country:
  - Physical address of workplace

Example: Form for an NMCPHC staff member

**Sponsor Organization**

Sponsor Organization\*

**Duty Station**

Please Enter Your Estimated Change of Duty Station Date

Month:  Year:

*Duty Station/Company	*Title/Position	DMIS ID
<input type="text" value="Navy Public Health Center"/>	<input type="text" value="Epidemiologist"/>	<input type="text"/>

Region

*Location Name	*Department/Section	Office/Room Number
<input type="text" value="NMC Portsmouth"/>	<input type="text" value="Preventive Medicine"/>	<input type="text"/>

**Office Address**

\*Street Address

*City	*State	*Zip Code/Postal Code
<input type="text" value="Portsmouth"/>	<input type="text" value="VIRGINIA"/>	<input type="text" value="23708"/>

\*Country

\*Required Fields



## Step 2: Register CAC with iAS

- Submit the form when it is complete.



- The following message will appear if registration was successful:



- If any information is missing, the form will reload with alert messages noting which fields are incomplete. After these errors are resolved, re-submit the form.





# Step 3: Submit ESSENCE Registration Form



# Step 3: Submit ESSENCE Registration Form

- ESSENCE registration:

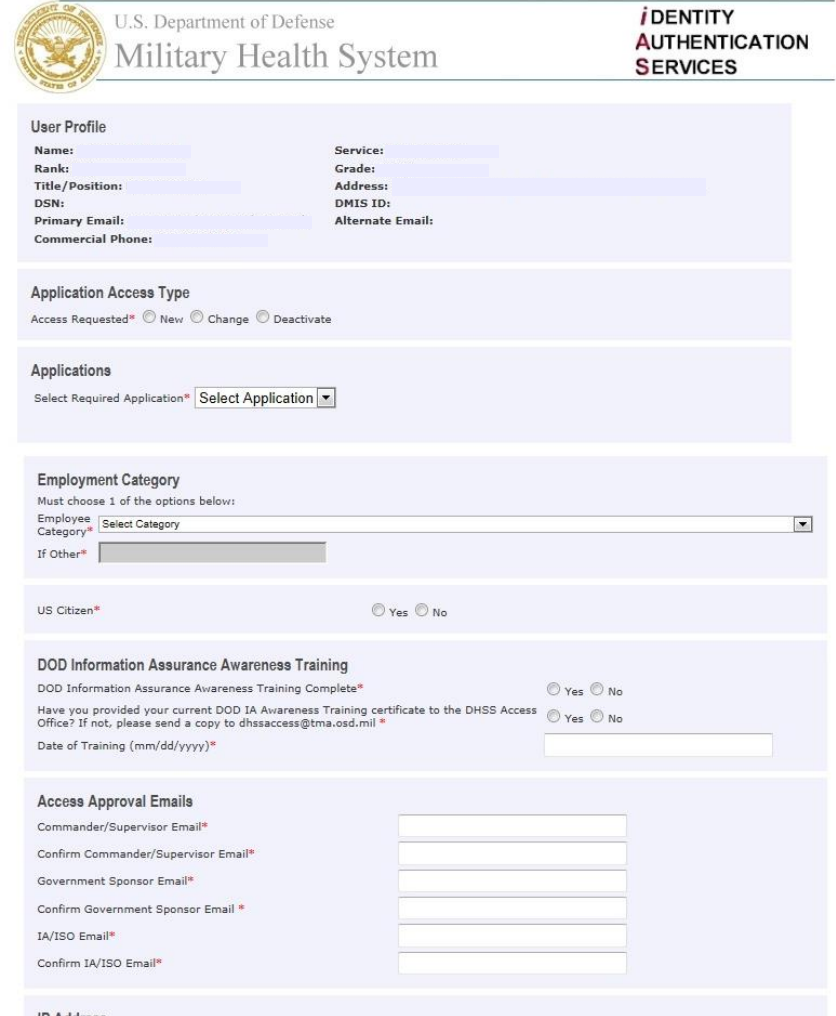
[https://sso.csd.disa.mil/amserver/UI/Login?org=cac\\_pki&authlevel=3&crs=true&goto=https://sso.csd.disa.mil/idm/mhs/ApplicationAccessRequest.do](https://sso.csd.disa.mil/amserver/UI/Login?org=cac_pki&authlevel=3&crs=true&goto=https://sso.csd.disa.mil/idm/mhs/ApplicationAccessRequest.do)

- Log in must be done with CAC.



# Step 3: Submit ESSENCE Registration Form

- The form at right will appear after clicking on the link. Fields in the User Profile section will be pre-populated based on what was entered during your CAC registration from Step 2 (registering with iAS).



The screenshot displays the ESSENCE Registration Form, a web-based application for the U.S. Department of Defense Military Health System. The form is organized into several sections, each with a header and a light blue background. The top section, 'User Profile', contains fields for Name, Rank, Title/Position, DSN, Primary Email, Commercial Phone, Service, Grade, Address, DMIS ID, and Alternate Email. Below this is the 'Application Access Type' section, which includes a radio button for 'Access Requested' and options for 'New', 'Change', or 'Deactivate'. The 'Applications' section features a dropdown menu for 'Select Required Application' and a 'Select Application' button. The 'Employment Category' section requires the user to choose one of the options below, with a dropdown for 'Employee Category' and a text field for 'If Other'. The 'US Citizen' section has radio buttons for 'Yes' and 'No'. The 'DOD Information Assurance Awareness Training' section includes a radio button for 'DOD Information Assurance Awareness Training Complete' and a text field for 'Date of Training (mm/dd/yyyy)'. The 'Access Approval Emails' section contains six rows of text input fields for Commander/Supervisor Email, Government Sponsor Email, and IA/ISO Email, each with a corresponding 'Confirm' field. The form is titled 'U.S. Department of Defense Military Health System' and 'iDENTITY AUTHENTICATION SERVICES'.

U.S. Department of Defense  
Military Health System

iDENTITY  
AUTHENTICATION  
SERVICES

**User Profile**  
Name:  Service:   
Rank:  Grade:   
Title/Position:  Address:   
DSN:  DMIS ID:   
Primary Email:  Alternate Email:   
Commercial Phone:

**Application Access Type**  
Access Requested\* ☐ New ☐ Change ☐ Deactivate

**Applications**  
Select Required Application\*  Select Application

**Employment Category**  
Must choose 1 of the options below:  
Employee Category\*  Select Category  
If Other\*

US Citizen\* ☐ Yes ☐ No

**DOD Information Assurance Awareness Training**  
DOD Information Assurance Awareness Training Complete\* ☐ Yes ☐ No  
Have you provided your current DOD IA Awareness Training certificate to the DHSS Access Office? If not, please send a copy to dhssaccess@tma.osd.mil \* ☐ Yes ☐ No  
Date of Training (mm/dd/yyyy)\*

**Access Approval Emails**  
Commander/Supervisor Email\*   
Confirm Commander/Supervisor Email\*   
Government Sponsor Email\*   
Confirm Government Sponsor Email \*   
IA/ISO Email\*   
Confirm IA/ISO Email\*

ID Address



# Step 3: Submit ESSENCE Registration Form

- Application Access Type:
  - “New” for new applicants
- Applications:
  - ESSENCE



The screenshot displays two sections of a web form. The first section, titled 'Application Access Type', contains the text 'Access Requested\*' followed by three radio button options: 'New', 'Change', and 'Deactivate'. The 'New' option is selected and highlighted with a red rectangular box. The second section, titled 'Applications', contains the text 'Select Required Application\*' followed by a dropdown menu. The dropdown menu is open, showing 'ESSENCE' as the selected option, which is also highlighted with a red rectangular box.



# Step 3. Submit ESSENCE Registration Form

- When ESSENCE is selected from the Applications drop-down list, the ESSENCE Access Level section will appear.
  - NMCPHC applicants: Level I access (no PHI access)
  - MTFs applicants: Level II access (PHI access)
    - DMIS ID Family: Parent DMIS ID of your MTF
    - MTF Name: Name of your MTF

**Essence Access Level**

The official duties of this individual require the following level of access (choose one)\*  
**Who should apply for Level II? If you are unclear, please read [here](#)**

☒ **Level I:** User will not have access to any type of patient level data.

☐ **Level II:** User will have access to patient level data for records associated with the user's relevant Military Treatment Facility and corresponding DMIS ID Family (parent & associated children DMIS ID's). If selecting this Level, complete the fields below (MTF Name, DMIS ID Family). It is essential that the user have a thorough knowledge of Privacy Act and HIPAA rules, restrictions and the proper security clearance.

DMIS ID Family\*:  MTF Name\*:





### 3. Submit ESSENCE Registration Form

- When ESSENCE is selected from the Applications drop-down list, the ESSENCE Access Level section will appear.
  - NEPMUs applicants: Level II access (PHI access)
    - DMIS ID Family: List DMIS IDs in your AOR, separated by commas (Copy/pasteable list of AORs on [NMCPHC SharePoint](#))
    - MTF Name: Navy Environmental Preventive Medicine Unit No. #

**Essence Access Level**

The official duties of this individual require the following level of access (choose one)\*  
**Who should apply for Level II? If you are unclear, please read [here](#)**

☒ **Level I:** User will not have access to any type of patient level data.

☐ **Level II:** User will have access to patient level data for records associated with the user's relevant Military Treatment Facility and corresponding DMIS ID Family (parent & associated children DMIS ID's). If selecting this Level, complete the fields below (MTF Name, DMIS ID Family). It is essential that the user have a thorough knowledge of Privacy Act and HIPAA rules, restrictions and the proper security clearance.

DMIS ID Family*:	MTF Name*:
<input type="text"/>	<input type="text"/>
<input type="button" value="Lookup"/>	



### 3. Submit ESSENCE Registration Form

- If Level II access is selected, a text box will appear asking for justification to access PHI.
  - Do not just put “need for job that requires me to use ESSENCE” or similar.
  - Need to specifically speak to the need for PHI/PII. Example:

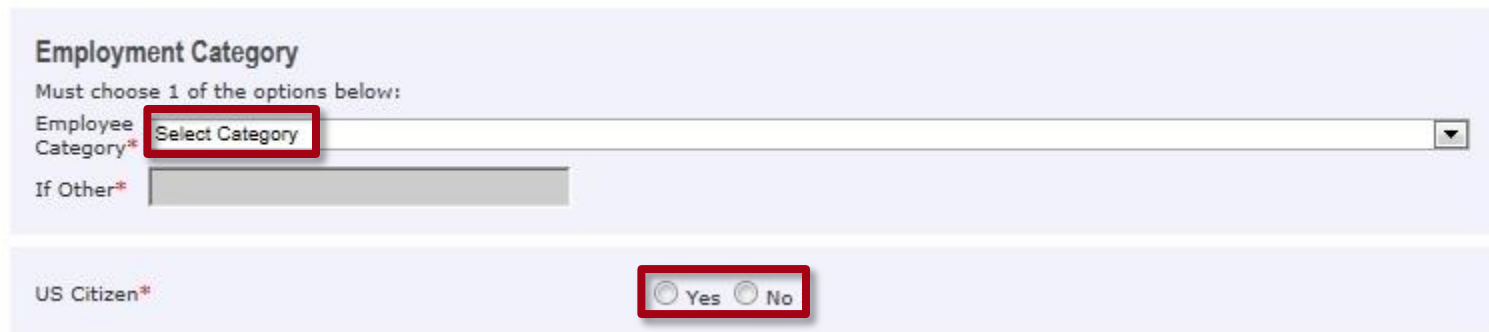
“Need ESSENCE access with PHI/PII level information to research potentially emerging public health concerns and to support determination of an appropriate public health response. This cannot be achieved without access to PHI/PII level information for my AOR.”

“Need ESSENCE access with PHI/PII level information for surveillance of emerging conditions and reportable medical events in my AOR. This level information is required to fully investigate these events and determine an appropriate public health response, including but not limited to medical event reporting.”



# Step 3. Submit ESSENCE Registration Form

- Employment Category:
  - Military/Civilian applicants: “Government Employee, Uniformed Services Member, Military or Civil Service Employee”
  - Contractor applicants: “Contractor”
- US Citizen:
  - Yes/No



The screenshot displays a web form for ESSENCE registration. The 'Employment Category' section is highlighted with a light blue background. It contains the text 'Must choose 1 of the options below:' followed by a dropdown menu labeled 'Select Category' and a text input field labeled 'If Other\*'. The 'US Citizen\*' section is below it, featuring two radio buttons labeled 'Yes' and 'No'. Red boxes highlight the 'Select Category' dropdown and the 'Yes' radio button.

**Employment Category**  
Must choose 1 of the options below:  
Employee Category\* Select Category  
If Other\*   
  
US Citizen\* ☒ Yes ☐ No



## Step 3. Submit ESSENCE Registration Form

- DOD Information Assurance Awareness Training:
  - Training complete? “Yes”
    - Training needed to be completed to provide certificate to DHSS.
  - Provided certificate to DHSS Access Office? “Yes”
    - This was done in Step 1 of this guide.
  - Date of Training:
    - Enter the date that appears on the training certificate.

### DOD Information Assurance Awareness Training

DOD Information Assurance Awareness Training Complete\*

Have you provided your current DOD IA Awareness Training certificate to the DHSS Access Office? If not, please send a copy to [dhssaccess@tma.osd.mil](mailto:dhssaccess@tma.osd.mil) \*

Date of Training (mm/dd/yyyy)\*

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Yes	<input type="radio"/> No



## Step 3. Submit ESSENCE Registration Form

- Access Approval Emails:
  - Commander/Supervisor: Enter the email address of your commander or supervisor.
    - This person will provide approval for you to have an account.

**Access Approval Emails**

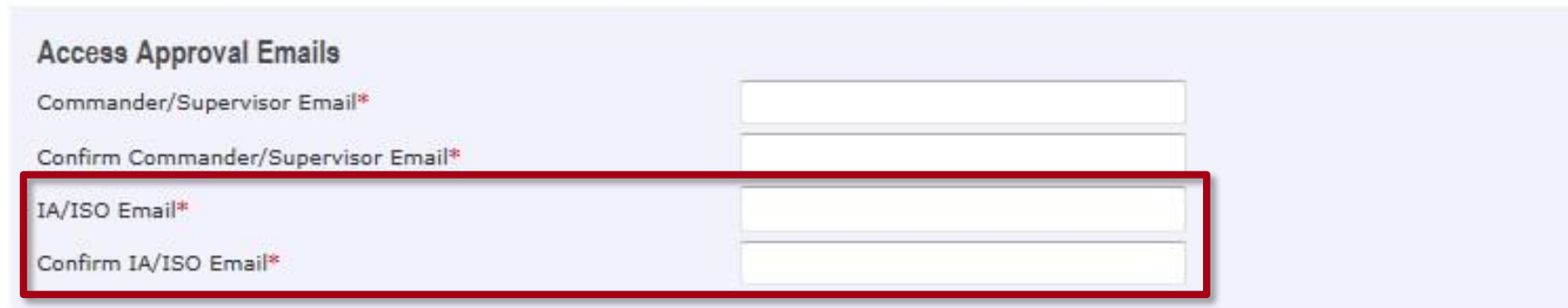
Commander/Supervisor Email*	<input type="text"/>
Confirm Commander/Supervisor Email*	<input type="text"/>
IA/ISO Email*	<input type="text"/>
Confirm IA/ISO Email*	<input type="text"/>





# Step 3. Submit ESSENCE Registration Form

- Access Approval Emails:
  - IA/ISO: Enter the email address of your Information Assurance Manager or Officer.
    - IA/ISO approval is only needed if mobile computing equipment will be used to access ESSENCE, but the email address is required to complete the form.



Access Approval Emails

Commander/Supervisor Email\*

Confirm Commander/Supervisor Email\*

IA/ISO Email\*

Confirm IA/ISO Email\*



# Step 3. Submit ESSENCE Registration Form

- Mobile Computing Equipment:
  - Select the correct option for your situation.
  - If mobile equipment will be used, select the devices that will be used. IA/ISO approval will be required.

**Mobile Computing Equipment**

By selecting Mobile Equipment will be used you agree to the following terms and conditions. Click [Here](#) to view terms and conditions.

☒ Mobile computing equipment will not be used to connect to this DHSS Product.\*

☐ Mobile computing equipment (Laptop computer, external hard drive, CDs/DVDs, floppy disks, USB flash/thumb drives, PDA, cell phone, or other movable media) WILL BE USED to connect to this DHSS Product. Please select equipment that will be used.\*

☐ Laptop ☐ PDA ☐ Floppy Disks

☐ USB Flash/Thumb Drives ☐ CDs / DVDs ☐ External Hard Drive

☐ Cell Phone ☐ Others (if other, Please describe)

By completing this Registration you agree to the terms and conditions of the Privacy Act of 1974 (5 U.S.C. 552a, as amended).  
Click [Here](#) to view terms and conditions.



## Step 3. Submit ESSENCE Registration Form

- Are you assigned to work within HA/TMA? Yes/No

\*Are you government, military, or contractor personnel assigned to work within Health Affairs/TRICARE Medical Activity?

☐ Yes ☐ No



## Step 3. Submit ESSENCE Registration Form

- Submit the form when it is complete.

\*Required Fields



- The following message will appear if registration was successful:

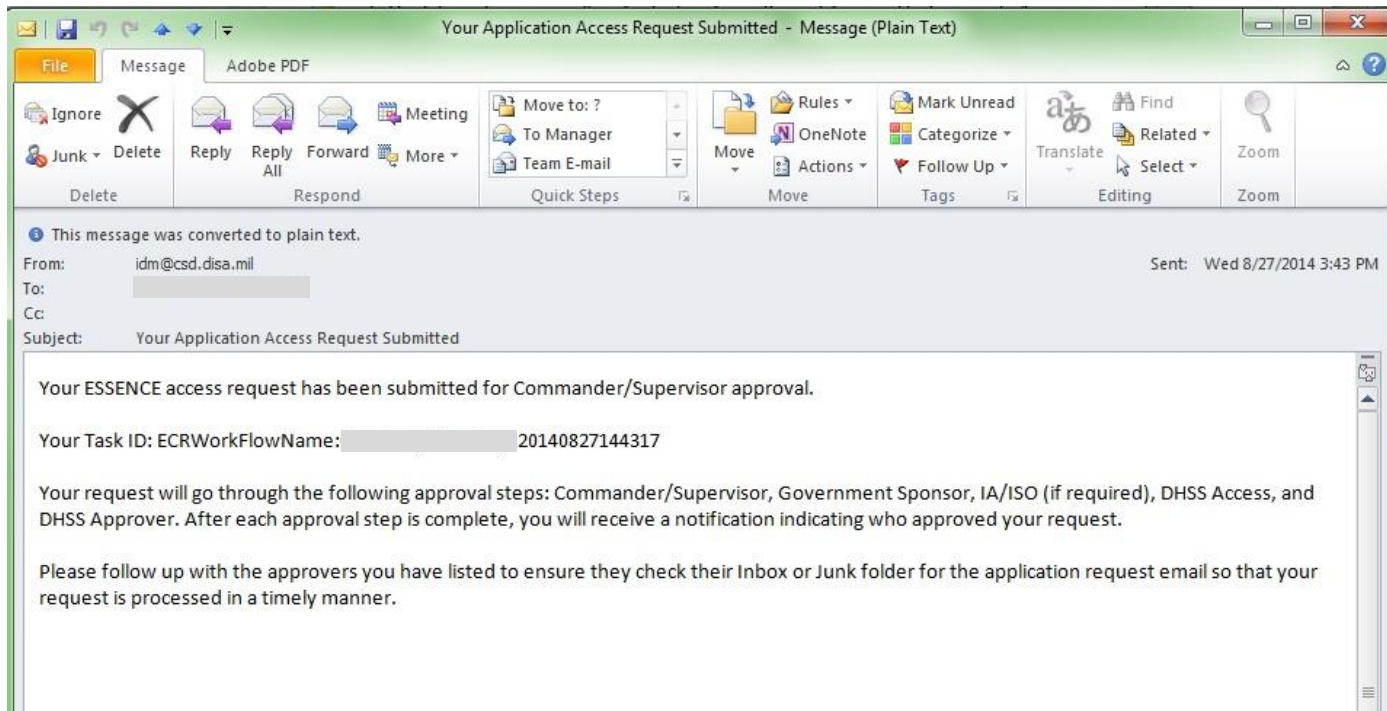


- If any information is missing, the form will reload with alert messages noting which fields are incomplete. After these errors are resolved, re-submit the form.



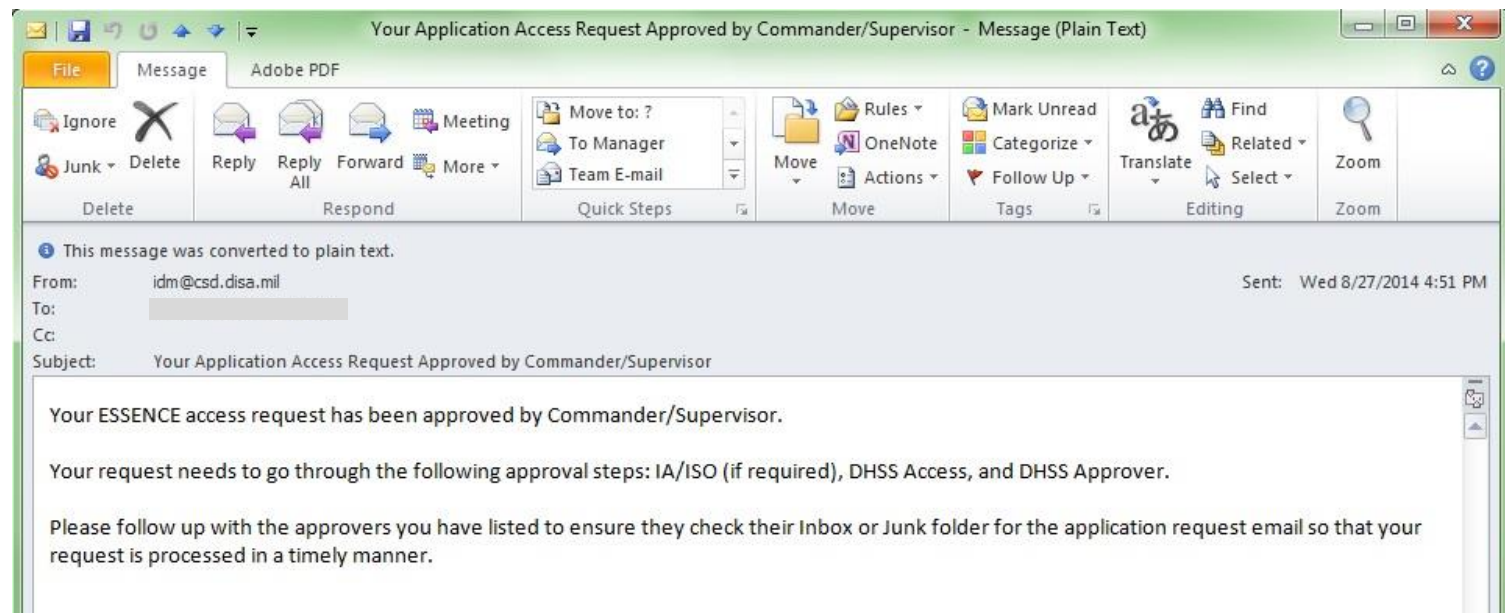
# Step 3. Submit ESSENCE Registration Form

- You will be sent an email that the access request has begun routing and has been submitted for Commander/Supervisor approval.



# Step 3. Submit ESSENCE Registration Form

- You will receive notification emails at each step of the approval process.





# Helpful Hints for the ESSENCE Registration Approval Process



# Helpful Hints for the ESSENCE Registration Approval Process

- Notify those who will be approving your ESSENCE registration (commander/supervisor and/or IA/ISO, if mobile equipment will be used) after the registration form is submitted so they know what to expect (see below)
  - Important! Approvers have 20 days to respond, or the system will automatically reject the registration request.
  - Approvers will receive an email from [ids@csd.disa.mil](mailto:ids@csd.disa.mil) to approve the account.
    - Caution: these emails may land in Junk or Spam folders.
  - Before going to the approval page, approvers will need to register their CAC with iAS.
    - They will follow the same process as Step 2 in this guide.



# Helpful Hints for the ESSENCE Registration Approval Process

- As the applicant, you will receive email confirmations as your application goes through the various account approval steps
  - Track those confirmations
    - Remind your approvers if your application is stuck in their inbox
    - Contact the MHS helpdesk if your application has been stuck for more than three working days after receiving all the appropriate approvals



# **Subscribe to Solutions Delivery Division (SDD) News and System Outage Notifications**



# Subscribe to SDD News and System Outage Notifications

- SDD News provides e-mail updates for SDD systems, which includes ESSENCE, and also provides notification of system outages.



- This is the only way that ESSENCE news and system outages are communicated to the ESSENCE user community.
- Subscribe here:  
<https://public.govdelivery.com/accounts/USMHS DHSS/subscriber/new>



# Subscribe to SDD News and System Outage Notifications

- Enter your e-mail address and click Submit.
- Note: a .mil e-mail address is required in order to receive system outage notifications.



## Welcome to SDD News!

To sign up for the latest news and information on SDD systems, please enter your email address in the box below.

The mission of Solution Delivery Division is to deliver information technology solutions to the Military Health System through expert acquisition program management, process reengineering, training and integration activities in order to support and advance the delivery of health care to our patients.

To learn more about SDD and our services, please visit us on the web at:  
<http://www.health.mil/sdd>

\*Email Address

Submit

Cancel

*Your email address is used to deliver SDD news and information.*

[Privacy Policy](#) - [Help](#)



# Subscribe to SDD News and System Outage Notifications

- As a new subscriber, confirm the primary email address to be used for the e-mail notifications.
  - This e-mail address will also be used to update subscriber preferences.
- An optional password may also be entered.

## New Subscriber

### Primary Email Address

You must enter a primary email address. You will use this to access and update your subscriptions or modify your subscriber preferences.

\*Email Address

\*Confirm Email Address

### Optional Password

Enter an optional password to add password protection to your subscriber preferences.

Password

Confirm Password

Submit

Cancel

Your contact information is used to deliver requested updates or to access your subscriber preferences.

[Privacy Policy](#) - [Help](#)





# Subscribe to SDD News and System Outage Notifications



- Select the options to receive ESSENCE System Outage Reports and News and Events.
  - The News and Events subscription will include e-mails regarding new features and enhancements, known bugs and solutions, and training opportunities.

## Welcome to SDD News!


The SDD provides and sustains information technology capabilities that support the delivery of health care to our service members from battlefield to the homefront.

Please note: Only individuals with a .mil address can receive system outage updates.

## Subscription Topics

  
☐ ☐ **Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)** 

☒ **ESSENCE News and Events** 

☒ **ESSENCE System Outage Reports** 



# Subscribe to SDD News and System Outage Notifications

- If your e-mail address changes after initial subscription (e.g., transitioning to mail.mil), re-registration with the new e-mail address is recommended.
- The subscription link can be used to modify existing subscriptions for ESSENCE or other system notifications as needed.



# Contact Information



# If you have questions about your application:

- Contact the DHA Help Desk
  - Email: [dhagsc@mail.mil](mailto:dhagsc@mail.mil)
  - Telephone: (800) 600-9332
    - DSN: 312-838-3000



# If you have questions about ESSENCE use as part of routine surveillance activities:

- Contact your cognizant Navy Environmental and Preventive Medicine Unit (NEPMU)
  - NEPMU2
    - COMM: (757) 953-6600; DSN: (312) 377-6600
    - Email: [usn.hampton-roads.navhospporsva.list.nepmu2norfolk-threatassess@mail.mil](mailto:usn.hampton-roads.navhospporsva.list.nepmu2norfolk-threatassess@mail.mil)
  - NEPMU5
    - COMM: (619) 556-7070; DSN (312) 526-7070
    - Email: [nepmu5@med.navy.mil](mailto:nepmu5@med.navy.mil)
  - NEPMU6
    - COMM: (808) 471-0237; DSN: (315) 471-0237
    - Email: [usn.jbphh.navenpvntmedusixhi.list.nepmu6@mail.mil](mailto:usn.jbphh.navenpvntmedusixhi.list.nepmu6@mail.mil)
  - NEPMU7
    - COMM (international): 011-34-956-82-2230 (local: 727-2230); DSN: 94-314-727-2230
    - Email: [NEPMU7@eu.navy.mil](mailto:NEPMU7@eu.navy.mil)



# For additional resources:

- Contact NMCPHC Preventive Medicine Directorate
  - COMM: (757) 953-0700; DSN: (312) 377-0700
    - Ask for the Preventive Medicine Directorate
- E-mail: [usn.hampton-roads.navmcpubhlthcenpors.list.nmcphcthreatassess@mail.mil](mailto:usn.hampton-roads.navmcpubhlthcenpors.list.nmcphcthreatassess@mail.mil)

